COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA EFFECTIVE JULY 1, 1993

CRITERIA NUMBER 13 - SHOULDER ARTHROSCOPY FOR DIAGNOSTIC PURPOSES SHOULDER

T	Narrative	Description	m.
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A. Shoulder Arthroscopy for Diagnostic purposes

II. <u>History/Symptoms</u>:

- **A.** Must meet the following:
 - 1. Acute pain; or
 - 2. Limitation of function despite conservative treatment

AND

III. Physical Findings:

- **A.** Must meet the following:
 - 1. Diminution of function

AND

IV. Diagnostic Testing:

A. Imaging inconclusive

V. <u>Special Instructions</u>:

A. Request for inpatient setting will be reviewed by a Physician Reviewer.

VI. <u>Level of Care Required</u>:

A. Outpatient